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Attorneys for  
Gene Descalzi and Leonarda Rombaoa

UNITED STATES BANKRUPTCY COURT  
NORTHERN DISTRICT OF CALIFORNIA

In re  
  
PG&E CORPORATION,  
and  
  
PACIFIC GAS AND ELECTRIC  
COMPANY,  
  
Debtors.

☐ Affects PG&E Corporation  
☐ Affects Pacific Gas and Electric Company  
☒ Affects both Debtors

\*All papers shall be filed in the Lead Case,  
No. 19-30088-DM.

Case No. 19-30088-DM

Chapter 11  
Lead Case, Jointly Administered

**DECLARATION OF ARSEN  
SARAPINIAN IN SUPPORT OF  
MOTION PURSUANT TO FED. R.  
BANKR. P. 9006(b)(1) TO ENLARGE  
THE TIME FOR GENE DESCALZI AND  
LEONARDA ROMBAOA TO FILE  
PROOF OF CLAIMS**

**Date: May 12, 2020**  
**Time: 10:00a.m.**  
**Place: 450 Golden Gate Avenue, Ctrm 17**  
**San Francisco, CA 94102**  
**Judge: Dennis Montali**

**Objection Deadline: May 5, 2020**

I, Arsen Sarapinian, declare as follows:

1. I am an attorney licensed to practice llw in the State of California and am the President  
of Law Offices of Arsen Sarapinian, P.C.

2. I am admitted to practice law in the United States District Court, Northern District of California.
3. I submit this declaration in support of the Motion Pursuant to Fed. R. Bankr. P. 9006(b)(1) to Enlarge the Time for Gene Descalzi and Leonarda Rombaoa to File Proof of Claims.
4. I have personal knowledge of the foregoing, and if called upon to testify as a witness, I could and would competently testify to the facts set forth in this declaration.
5. On February 13, 2020, my law office was retained to represent Gene Descalzi and Leonarda Rombaoa (hereinafter, "Movants") in connection with economic and non-economic damages they suffered in the fire which took place in and around Santa Rosa, California in October of 2017, commonly known as the "Tubbs Fire." This included representing the clients as creditors in this bankruptcy action.
6. At or around this time, I learned that Movants were previously represented by James O'Callahan, Esq. of the Los Angeles-based law firm, Girardi & Keese, whom they had retained in 2017. I also learned that Mr. O' Callahan had died unexpectedly on January 29, 2019.
7. Movants represented to be that they were in communication with Mr. O' Callahan regarding their case in 2017 and 2018 and that they left messages for him in early 2019, but had not heard back from him.
8. Movants represented to me that it was their understanding that they Mr. O' Callahan was representing them throughout 2019.
9. Movants represented to me that they first learned of Mr. O' Callahan's death on or around February 11, 2020.
10. In February of 2020 I conducted an investigation and determined that there was no proof of claims being submitted on behalf of the Movants.

- 1 11. In or around that time, I advised Movants of the bankruptcy claim deadlines of October  
2 21, 2019 and December 31, 2019 for creditors (fire victims) to submit claims in this  
3 matter. Both of the Movants represented to me that they had no previous knowledge of  
4 these deadlines as they were not provided to them by their former attorney, this Court,  
5 Prime Clerk, or any other third party.
- 6 12. In February of 2020, I communicated this development with claims administrator Brown  
7 Greer, which in turn recommended that the Movants nonetheless file late claims.
- 8 13. I thereafter assisted Movants in preparing the late claims and provided them to Brown  
9 Greer for filing. In turn, Brown Greer informed me that they submitted the claims to  
10 Prime Clerk and they were deemed filed on February 26, 2020 (Claim Nos. 97038 and  
11 97039).
- 12 14. I thereafter assisted Movant Leonarda Rombaoa in amending her claim due to a minor  
13 misspelling of her first name on the claim form. The amended claim was thereafter  
14 submitted to Brown Green, which in turn submitted them to Prime Clerk for filing on  
15 March 5, 2020 (Claim No. 97583). True and correct copies of the three late claims are  
16 attached hereto as **Exhibit 1**.
- 17 15. My office did not receive any notifications from Prime Clerk, Brown Greer, or any other  
18 party that the claims were rejected or objected to.
- 19 16. In April of 2020, I inquired into the status of the disclosures and voting materials related  
20 to the proposed \$13.5 billion settlement in this matter.
- 21 17. On April 8, 2020, I learned from Brown Greer that Prime Clerk would not send the  
22 disclosures and voting materials to the Movants because they deemed their claims late  
23 and that Movants were not included in the “impaired class” for voting purposes.
- 24 18. I thereafter met and conferred with counsel for the Debtors in this matter, Lisa Carens of  
25 Weil, Gotshal & Manges LLP, who recommended that Movants file the instant Motion.  
26  
27  
28

1 Ms. Carens also represented that upon review of the moving papers and discussion with  
2 her client, Debtors may stipulate to the claims as being timely.

3 19. I have made good faith attempts to rectify the late filings and respectfully request that  
4 the Court grant the Motion and enlarge the time for Movants to file the two proofs of  
5 claims based on their excusable neglect in not knowing of the claim deadlines, as well as  
6 the excusable neglect of their former attorney, Mr. O' Callahan and his law firm, for not  
7 informing the clients of the claim deadlines.

8 20. If this Motion is denied, Movants will suffer severe prejudice and irreparable harm as  
9 they will be barred from filing voting ballots prior to the deadline of May 15, 2020, and  
10 barred from recovering damages they incurred in the fire.

11  
12 I declare under penalty of perjury under the laws of the United States of America and the State  
13 of California that the foregoing is true and correct to the best of my knowledge and belief.

14 Executed on 4/15/2020 in Los Angeles, California.

15  
16 

17 Arsen Sarapinian, Esq.

# EXHIBIT 1

UNITED STATES BANKRUPTCY COURT  
NORTHERN DISTRICT OF CALIFORNIA (SAN FRANCISCO DIVISION)

In re:  
PG&E CORPORATION,  
- and -  
PACIFIC GAS AND ELECTRIC  
COMPANY,  
Debtors.

Bankruptcy Case  
No. 19-30088 (DM)

Chapter 11  
(Lead Case)  
(Jointly Administered)

## Proof of Claim (Fire Claim Related)

Read the instructions before filing this claim form. This form is for tort claimants who have a claim against the Debtors (i.e. PG&E Corporation and Pacific Gas and Electric Company) that arose prior to the Debtors filing for bankruptcy (i.e. prior to January 29, 2019) and that arose from, or relates to, a fire.

Do not use this form for non-fire claims. Non-fire tort claimants should use Form 410.

Do NOT file a fraudulent claim. A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Please type or print in the spaces below. Do NOT use red ink or pencil.

### Part 1: Identify the Claim

1. Who is the current creditor?	<u>DESCALZI, GENE</u> Name of the current creditor (the person or entity to be paid for this claim)	
2. Has this claim been acquired from someone else?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. From whom? _____	
3. Are you filing this claim on behalf of your family? A family is a group of two or more people related by birth, marriage, domestic partnership, or adoption and residing together. All such people are considered as members of one family.	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If you checked "Yes", please provide the full name of each family member that you are filing on behalf of: _____	
4. Where should notices and payments to the creditor be sent?  Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	Where should notices to the creditor be sent?  Name: <u>DESCALZI, GENE</u> Attorney Name (if applicable): <u>Sarapinian, Arsen</u> Attorney Bar Number (if applicable): _____ Street Address: <u>9465 Wilshire Boulevard Suite 300</u> City: <u>Beverly Hills</u> State: <u>CA</u> Zip Code: <u>90212</u> Phone Number: <u>(213)538-2903</u> Email Address: <u>arsen@sarapinianlaw.com</u>	Where should payments to the creditor be sent? (if different)  Name: _____ Attorney Name (if applicable): _____ Attorney Bar Number (if applicable): _____ Street Address: _____ City: _____ State: _____ Zip Code: _____ Phone Number: _____ Email Address: _____
5. Does this claim amend one already filed?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Claim number on court claims registry (if known) _____ Filed on _____ MM / DD / YYYY	
6. Do you know if anyone else has filed a proof of claim for this claim?	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Who made the earlier filing? <u>No one else</u>	

**Part 2: Give Information About the Claim as of the Date this Claim Form is Filed**

7. <b>What fire is the basis of your claim?</b>  Check all that apply.	<input type="checkbox"/> Camp Fire (2018) <input checked="" type="checkbox"/> North Bay Fires (2017) <input type="checkbox"/> Ghost Ship Fire (2016) <input type="checkbox"/> Butte Fire (2015) <input type="checkbox"/> Other (please provide date and brief description of fire: _____)
8. <b>What are the loss location(s) where you and/or your family suffered harm? (e.g. home or business address, place of injury, place from which you were evacuated, if different.)</b>	Location(s): 417 Aviation Blvd, Santa Rosa, CA 95403-1069
9. <b>How were you and/or your family harmed?</b>  Check all that apply	<div><input checked="" type="checkbox"/> Property Damage (homes, structures, personal property, land, trees, landscaping, and all other property damage) <input type="checkbox"/> Owner <input type="checkbox"/> Renter <input checked="" type="checkbox"/> Occupant <input checked="" type="checkbox"/> Other (Please specify): <div>Plaintiff was occupying the property (Hilton Hotel) with his wife, Leondra Rambaoa, while on vacation. Plaintiff was rescued from the fire but lost valuable personal property. This included but is not limited to: laptop, four pairs of shoes, two suitcases, bottle of champagne, champagne glasses, designer clothes (dress shirts, casual shirts, jeans, pants, jacket, trousers, socks, shorts, and other clothing), jacket, medications, phone charger, and other property.</div></div> <div><input checked="" type="checkbox"/> Personal Injury <input type="checkbox"/> Wrongful Death (if checked, please provide the name of the deceased) Name: _____ <input checked="" type="checkbox"/> Business Loss/Interruption <input checked="" type="checkbox"/> Lost wages and earning capacity <input checked="" type="checkbox"/> Loss of community and essential services <input type="checkbox"/> Agricultural loss <input checked="" type="checkbox"/> Other (Please specify): post traumatic stress disorder (PTSD) and emotional distress</div>
10. <b>What damages are you and/or your family claiming/seeking?</b>  Check all that apply	<div><input checked="" type="checkbox"/> Economic damages (including replacement cost of damaged property, diminution in value, loss of use, lost inventory, lost profits, and other economic damage) <input checked="" type="checkbox"/> Non-economic damages (including loss of society and support, loss of consortium, pain and suffering, emotional distress, annoyance and discomfort, and other non-economic damage) <input checked="" type="checkbox"/> Punitive, exemplary, and statutory damages <input checked="" type="checkbox"/> Attorney's fees and litigation costs <input checked="" type="checkbox"/> Interest <input checked="" type="checkbox"/> Any and all other damages recoverable under California law <input type="checkbox"/> Other (Please specify): _____</div>
11. <b>How much is the claim?</b>	_____ (optional) <input checked="" type="checkbox"/> Unknown / To be determined at a later date

**Part 3: Sign Below**

**The person completing this proof of claim must sign and date it. FRBP 9011(b).**

If you file this claim electronically, FRBP 5005(a)(2) authorizes courts to establish local rules specifying what a signature is.

**A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.**

*Check the appropriate box:*

☐ I am the creditor.

☒ I am the creditor's attorney or authorized agent.

I have examined the information in this *Proof of Claim* and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on date 02/20/2020 (mm/dd/yyyy)

/s/Arsen Sarapinian

Signature

Name	<u>arsen</u>	<u>sarapinian</u>
	First name	Middle name Last name

Title	<u>attorney at law</u>
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Company	<u>Law Offices of Arsen Sarapinian</u>
	Identify the corporate servicer as the company if the authorized agent is a servicer.

Address	<u>9465 Wilshire Blvd., Ste. 300</u>		
	Number	Street	
	<u>Beverly Hills</u>	<u>CA</u>	<u>90212</u>
	City	State	ZIP Code

Contact phone	<u>2135382903</u>	Email	<u>arsen@sarapinianlaw.com</u>
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UNITED STATES BANKRUPTCY COURT  
NORTHERN DISTRICT OF CALIFORNIA (SAN FRANCISCO DIVISION)

In re:  
PG&E CORPORATION,  
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No. 19-30088 (DM)

Chapter 11  
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Please type or print in the spaces below. Do NOT use red ink or pencil.

### Part 1: Identify the Claim

1. Who is the current creditor?	<u>ROMBAOA, LEONDRA</u> Name of the current creditor (the person or entity to be paid for this claim)	
2. Has this claim been acquired from someone else?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. From whom? _____	
3. Are you filing this claim on behalf of your family? A family is a group of two or more people related by birth, marriage, domestic partnership, or adoption and residing together. All such people are considered as members of one family.	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If you checked "Yes", please provide the full name of each family member that you are filing on behalf of: _____	
4. Where should notices and payments to the creditor be sent?  Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	Where should notices to the creditor be sent?  Name: <u>ROMBAOA, LEONDRA</u> Attorney Name (if applicable): <u>Sarapinian, Arsen</u> Attorney Bar Number (if applicable): _____ Street Address: <u>9465 Wilshire Boulevard Suite 300</u> City: <u>Beverly Hills</u> State: <u>CA</u> Zip Code: <u>90212</u> Phone Number: <u>(213)538-2903</u> Email Address: <u>arsen@sarapinianlaw.com</u>	Where should payments to the creditor be sent? (if different)  Name: _____ Attorney Name (if applicable): _____ Attorney Bar Number (if applicable): _____ Street Address: _____ City: _____ State: _____ Zip Code: _____ Phone Number: _____ Email Address: _____
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9. <b>How were you and/or your family harmed?</b>  Check all that apply	<div><input checked="" type="checkbox"/> Property Damage (homes, structures, personal property, land, trees, landscaping, and all other property damage) <input type="checkbox"/> Owner <input type="checkbox"/> Renter <input checked="" type="checkbox"/> Occupant <input checked="" type="checkbox"/> Other (Please specify): <div>Plaintiff was occupying the property (Hilton Hotel) with her husband, Gene Descalzi, while on vacation. Plaintiff was rescued from the fire but lost four suitcases with valuable personal property. This included but is not limited to: laptops, computer, bottles of wine, jewelry (watches, earrings, rings), designer clothes, designed shoes, silk scarfs, sweaters, jeans, shorts, make-up, hair and face products, and other property.</div></div> <div><input checked="" type="checkbox"/> Personal Injury <input type="checkbox"/> Wrongful Death (if checked, please provide the name of the deceased) Name: _____ <input checked="" type="checkbox"/> Business Loss/Interruption <input checked="" type="checkbox"/> Lost wages and earning capacity <input checked="" type="checkbox"/> Loss of community and essential services <input type="checkbox"/> Agricultural loss <input checked="" type="checkbox"/> Other (Please specify): post traumatic stress disorder, emotional distress</div>
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*Check the appropriate box:*

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☒ I am the creditor's attorney or authorized agent.

I have examined the information in this *Proof of Claim* and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on date 02/20/2020 (mm/dd/yyyy)

/s/Arsen Sarapinian

Signature

Name	<u>arsen</u>	<u>sarapinian</u>
	First name	Middle name Last name

Title	<u>attorney at law</u>
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9. <b>How were you and/or your family harmed?</b>  Check all that apply	<div><input checked="" type="checkbox"/> Property Damage (homes, structures, personal property, land, trees, landscaping, and all other property damage) <input type="checkbox"/> Owner <input type="checkbox"/> Renter <input checked="" type="checkbox"/> Occupant <input checked="" type="checkbox"/> Other (Please specify): <div>Plaintiff was occupying the property (Hilton Hotel) with her husband, Gene Descalzi, while on vacation. Plaintiff was rescued from the fire but lost four suitcases with valuable personal property. This included but is not limited to: laptops, computer, bottles of wine, jewelry (watches, earrings, rings), designer clothes, designed shoes, silk scarfs, sweaters, jeans, shorts, make-up, hair and face products, and other property.</div></div> <div><input checked="" type="checkbox"/> Personal Injury <input type="checkbox"/> Wrongful Death (if checked, please provide the name of the deceased) Name: _____ <input checked="" type="checkbox"/> Business Loss/Interruption <input checked="" type="checkbox"/> Lost wages and earning capacity <input checked="" type="checkbox"/> Loss of community and essential services <input type="checkbox"/> Agricultural loss <input checked="" type="checkbox"/> Other (Please specify): post traumatic stress disorder, emotional distress</div>
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*Check the appropriate box:*

☐ I am the creditor.

☒ I am the creditor's attorney or authorized agent.

I have examined the information in this *Proof of Claim* and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on date 02/20/2020 (mm/dd/yyyy)

/s/Arsen Sarapinian

Signature

Name	<u>arsen</u>	<u>sarapinian</u>
	First name	Middle name Last name

Title	<u>attorney at law</u>
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